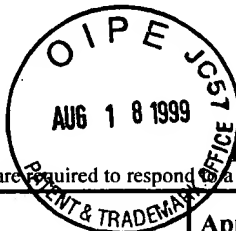


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AF/GP1714

PTO/SB/17 (12/97)

Approved for use through 09/30/00 OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	08/823,411		
	Filing Date	March 25, 1997	
	First Named Inventor	Bin Chung et al	
	Group Art Unit	1714	
	Examiner Name	Michl, P. R.	
TOTAL NUMBER OF PAGES IN THIS SUBMISSION	26	Attorney Docket Number	03259.02615

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers Drawings	<input type="checkbox"/> After Allowance Communication Group Appeal Communication to Board of Appeals & Interferences
<input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition Checklist & Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> PTO Form 1449 with copies of 2 US citations and 2 foreign citations
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		<input type="checkbox"/> Petition for Consideration of Information Disclosure Statement
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	Remarks	

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Peter D. McDermott, Reg. No. 29,411 Banner & Witcoff, 28 State Street, 28 th Floor, Boston, MA 02109
Signature	
Date	August 16, 1999

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:		August 16, 1999	
Typed or Printed Name	Peter D. McDermott, Reg. No. 29,411		
Signature		Date	August 16, 1999

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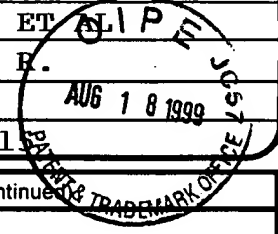
FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)**1,000.00**

Complete if Known

Application Number **08/823,411**
Filing Date **MARCH 25, 1997**
First Named Inventor **BIN CHUNG ET AL**
Examiner Name **MICHL, P. R.**
Group / Art Unit **1714**
Attorney Docket No. **03259.0261**



METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **19-0733**

Deposit Account Name **BANNER & WITCOFF**

☒ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 760	208 380	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
<input type="checkbox"/> -20** = <input type="checkbox"/> X <input type="checkbox"/>			
<input type="checkbox"/> Independent Claims - 3** = <input type="checkbox"/> X <input type="checkbox"/>			
<input type="checkbox"/> Multiple Dependent			

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	870
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	130
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 760	246 380	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 760	249 380	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**1,000.00**

SUBMITTED BY

Name (Print/Type) **PETER D. MCDERMOTT**

Signature *Peter D. McDermott*

Registration No. (Attorney/Agent) **29,411**

Complete (if applicable)

Telephone **(617) 227-7111**

Date **AUGUST 16, 1999**

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